

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0331355

DOCUMENT # F94000000585

1. Entity Name

RUSH APPRAISAL SERVICE INCORPORATED

05-15-2001 90201 034 ***150.00

Principal Place of Business

Mailing Address

4400 N. FEDERAL HWY.
 SUITE 17
 BOCA RATON FL 33431
 US

5252 VIA DE AMALF
 BOCA RATON FL 33496
 US

C0066617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1801 S. Federal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 241

City & State

City & State

Delray Beach

Zip

Country

Zip

Country

33483

USA

4. FEI Number

36-3884202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALY, CHRISTINE M
21111 N ESCONDIDO WAY
BOCA RATON FL 33433

Name

Jerry E. MALY

Street Address (P.O. Box Number is Not Acceptable)

5252 Via de Amalfi Dr

Boca Raton

City

FLORIDA

FL

Zip Code

33496

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P
MALY, JERRY E
21111 N ESCONDIDO WAY
BOCA RATON FL 33433

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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☐ Change

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☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

Daytime Phone #

CR2E034 (10/00)